

Pauline
Town
Delmar

Adkins
County
Wicomico

MARYLAND

Died at

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Male

White

Age
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Ed. Adkins

Mother's
Maiden Name

Mildred Hastings

How long sick

Cause of

Primary

Malaria

Death

Immediate

Dysentery

105

Accident, Suicide, Homicide

Reported by

James
DelmarBrayshaw M.D.
Delaware

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Garland G. Bounds

Town

County

CERTIFICATE OF DEATH

Died at

Date
of death 1902

Month 7

Day 18

Years

Months 3

Days 11

Sex

Male

Color or
Race

white

Birth-
place

md

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Orlando Bounds

Father's
Birthplace

md

Mother's
Maiden Name

Laura Bounds

Mother's
Birthplace

..

Name of person giving
Information

Orlando Bounds

How related
to deceased

Father

CAUSES OF DEATH

Primary

Brain Fever 61

How long

Immediate

Brain Fever 6 days

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

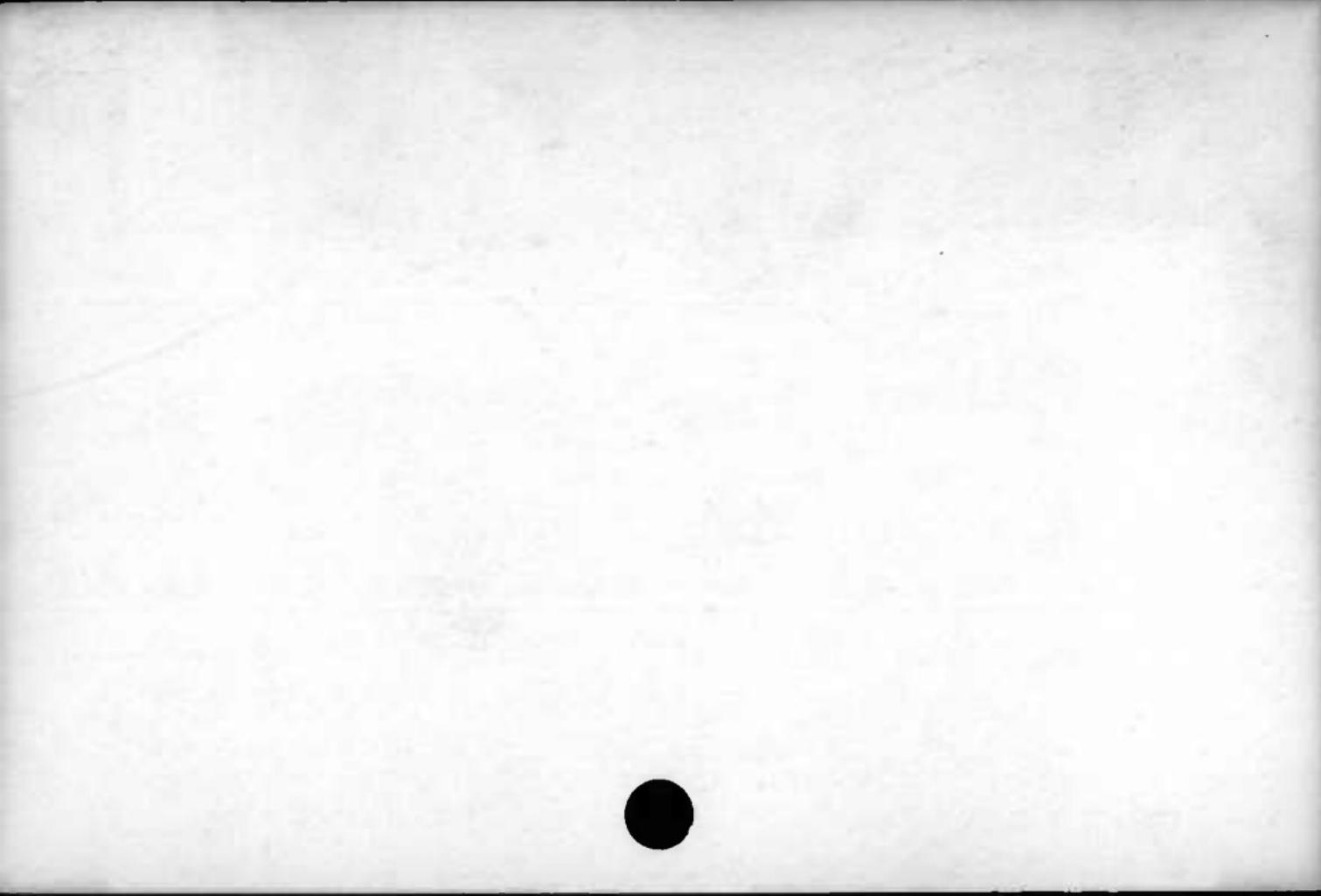
Signature of
Physician

E. D. Denver Auditory

Address

Mayland
Md

Accident or Suicide?



Laura E. Bernards

T'own

County

Died at

Allentown

Wic

MARYLAND

Died at

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

~~Male~~

Female



Elisha Robert Brantley

Died at **Salisbury** Town **Maryland** County
 Died at **Salisbury** Month **July** Day **30** Y. M. D. Native of
MARYLAND

Date 1902 **July 30** Age **27** 3 20 Native of **Maryland** Fisherman
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living **1**

Husband of **Wife** *Ella Rodney*

Father's Name **John R. Brantley** Mother's **Mary Smith** 124
 Maiden Name **John R. Brantley** How long sick
 Primary **Urinary fistula & large abscess** 1 week

Cause of Death **Primary** **Urinary fistula & large abscess** **Immediate** **Gangrene** Accident, Suicide, Homicide

Reported by

Address

*J. W. Madrik, M. D.,
 Salisbury, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



<i>Jennie Donoho</i>					
Town	County				
<i>Near Abel</i>	<i>Wicomico</i>		<i>MARYLAND</i>		
Died at	Month	Day	Y.	M.	D.
<i>1902</i>	<i>July</i>	<i>26th</i>	<i>37</i>	<i>4</i>	<i>28</i>
Date 189	Age		Native of		
<i>Male</i>	Wife	Married	<i>Md</i>		
<i>Female</i>	Color	Singl	Widow	Divorced	
Widow			Widower	Number of children living	
Wife	<i>Thos Donoho</i>				
Father's Name	<i>Jackson Budd</i>		Mother's Name	<i>Maryanne Budd</i>	
Cause of Death	Primary		How long sick		
	<i>Child birth</i>		<i>35</i>	<i>one week</i>	
Death	Immediate				Accident, Suicide, Homicide
Reported by		<i>A L Sealhouse Undertaker</i>			
Address		<i>Mardela Shores Md</i>			

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Infant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	3 1/2 miles W Salisbury		County	MARYLAND		
Date of death 1902	Month July	Day 31	Age	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	3 1/2 miles W Salisbury	
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	David Elliott	♂		Father's Birthplace	Bel	
Mother's Maiden Name	Mary Triggs	♂		Mother's Birthplace	Bel	
Name of person giving information	David Elliott			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Born Dead

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician
[Signature]

D C Holloway & Co

Undertakers

Salisbury Md

Accident or Suicide?



Name in Full

Certificate of Death

Peter Nashville Gale

Town

County

Died at

MARYLAND

Quintico, Wisconsin

Date 1902
189

Month Day

Y. M. D.

Native of

Occupation

Male

Age 3

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Name

Charles Gale

Ney Gale

Cause of

Primary

How long sick

Death

Immediate

Typhoid Fever

Accident, Suicide, Homicide

Reported by

Wm. H. N. Nashville N. D.

Address

Quintico, Wis.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Aurelia Goslee

Town

Near Delmar, Wicomico

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 6th

Age 45-10-20
White

Married
Wife

Maryland
Native

Female

Colored

Single

Widower

Number of children living

0

Husband of

Wife

Father's

Name

Cause of

John W. Goslee

Mother's

Clement Goslee

Maiden Name

Olivia Walter

Death

Primary

Immediate

Dropsy

W

How long sick

2 yrs 11 mos

~~Accident, Suicide, Homicide~~

Reported by

James
Delmar

Basyeckaw M &
Delaware

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Hillary Gillett Grunby						CERTIFICATE OF DEATH		
Died at	Town		County		MARYLAND			
Date of death 1902	Month July	Day 14	Years 1	Months 4	Days 3			
Sex Male	Color or Race Black	Occupation none		Birth-place Salisbury Md				
Married, Single or Widowed								

Name of Wife or Husband ✓

Father's Name

Mother's Maiden Name

Name of person giving information

Primary

Enter.-colitis

CAUSES OF DEATH

105

How long

3 weeks

Immediate

Convulsions

How long

few hours

PHYSICIAN
OR CORONER

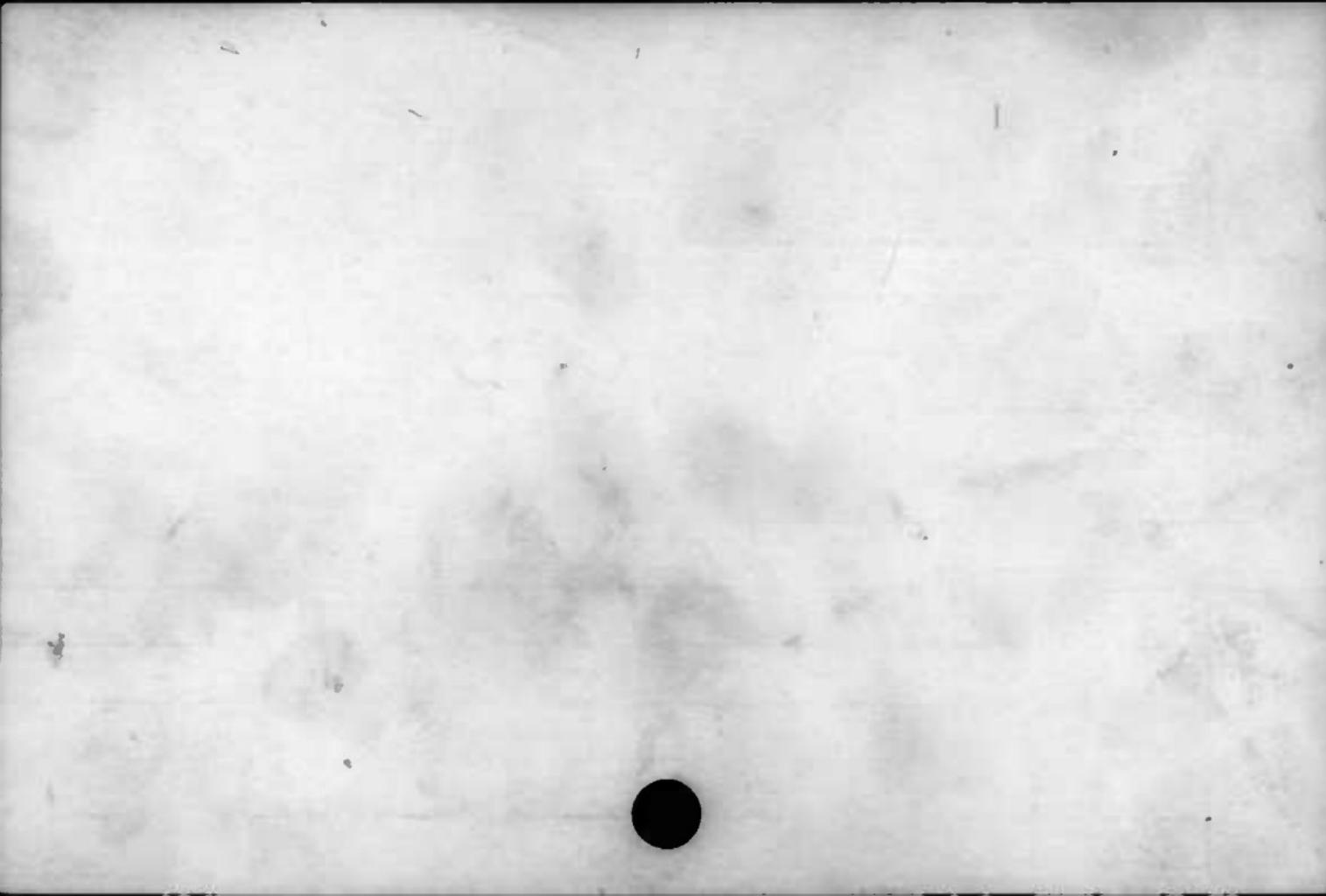
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. J. Drexel
Salisbury Md

Accident or Suicide? ✓



Mildred T Hawkins

Town

Salisbury

County

Wicomico

MARYLAND

Died at

Month Day

July 19

Y. M. D.

4

Native of

Md

Occupation

Date 1952

Male

Age

Married

Window

Divorced

Female

White

Single

Widower

Number of children living

Colored

Husband of

Wife

Father's

Name

John C Hawkins

Mother's

Maiden Name

Mary J Murphy

Cause of

Primary

Gastro - Intestinal Infection

How long sick

9 days

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Louis W. Morris M.D.

Salisbury Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sueie Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Died at	Dalisbury	Wicomico				
Date of death	1902	Month July	Day 17	Years 47	Months	Days
Sex	Female	Color or Race	Colored	Birth-place	Md	
Married, Single or Widowed	Married	Occupation	Housewife			
Name of Wife or Husband	Edward A. Henry					
Father's Name						
Mother's Maiden Name	105					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Starved	How long
Immediate	Heart Failure	How long

Are the name, age, sex, color, date and place correctly given above?

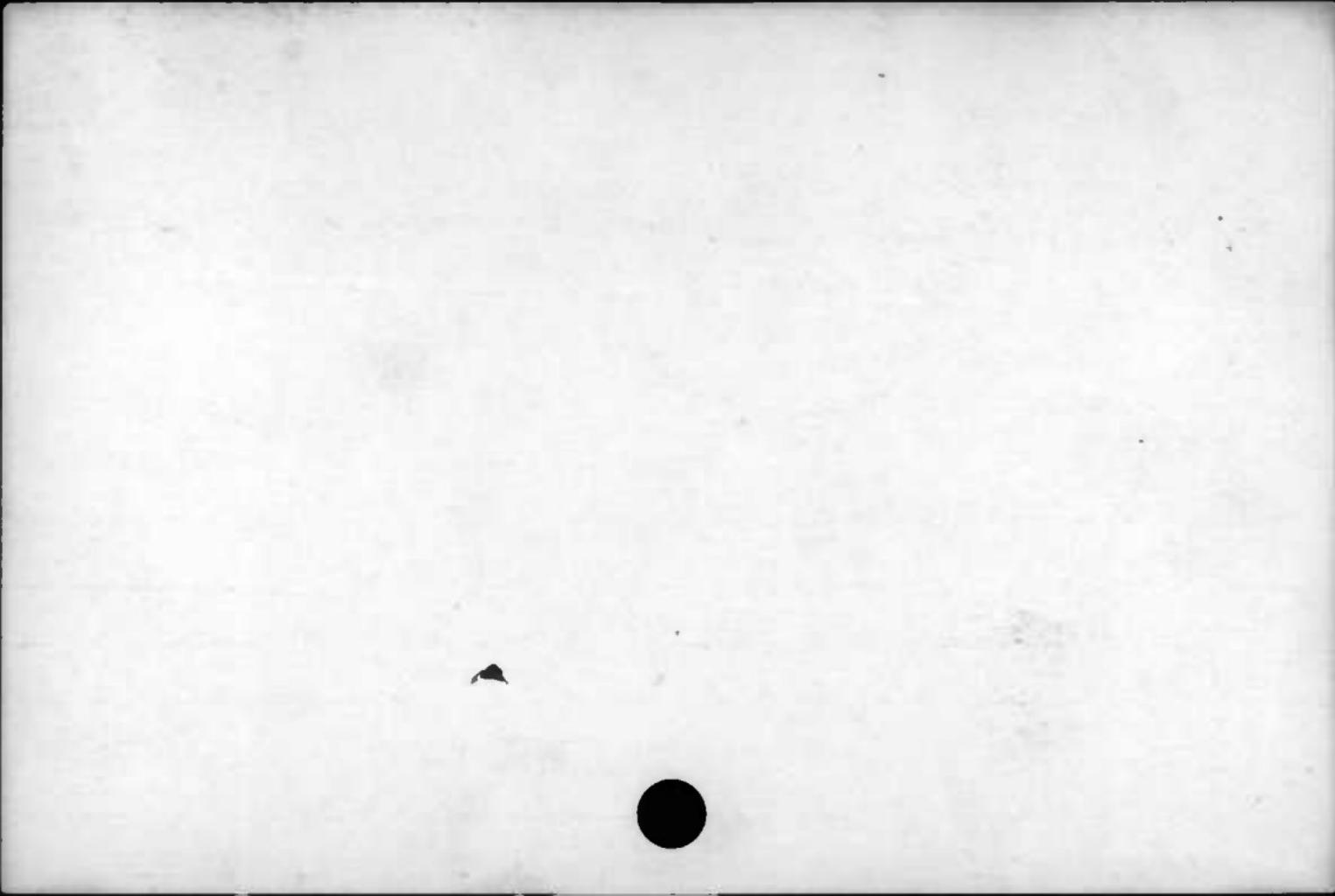
Signature of Physician

F. M. Stevens

Address

Dalisbury Md.

Accident or Suicide?



<i>John Johnson</i>			
<i>near</i>	Town <i>Salisbury</i>	County <i>Wicomico</i>	MARYLAND
Died at	Month <i>July</i>	Day <i>20</i>	Native of <i>Ad.</i>
Date 1902	Age <i>18</i>	M. D.	Occupation <i>Fanner Boy</i>
Male	Married	Widow	Bachelor
Female	Single	Widower	Number of children living
Husband of			
Wife			
Father's Name	<i>John Johnson</i>	Mother's Maiden Name <i>Margaret McAllister</i>	
Cause of Death	Primary <i>Drowning</i>	How long sick	
Death	Immediate	Accident, <u>Suicide</u> , Homicide	
Reported by	<i>Geo. C. Kile</i>		
Address	<i>Salisbury Md.</i>		

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Laura Johnson
 Town: Fairland
 Month: July Day: 31

County: Wisconsin

MARYLAND

Died at

Y. M. D.

Native of

Date 1902

Age 40

Md

Occupation

Male

Married

Widow

House Wf.

Female

Single

Widower

Number of children living

~~Husband~~ of
Wife

Wah Johnson

Mother's

-93

Father's
Name

Maiden Name

How long sick

Cause of

Primary

Tonsillitis

work

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

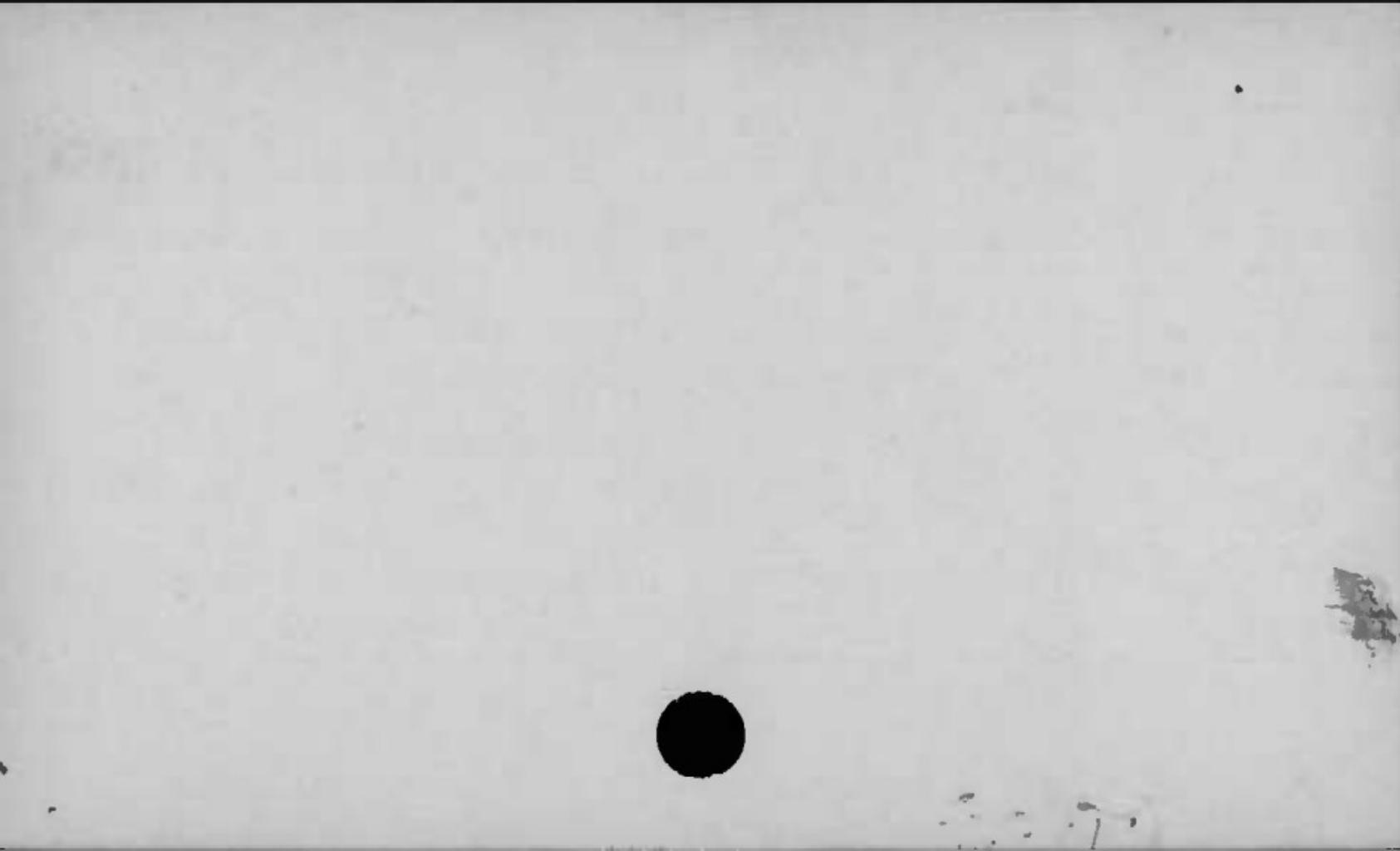
Reported by

Dr. W. Todd

Salisbury Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Theresa King

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1902	Month 7	Day 23	Years	Months 5 -	Days 5 -
Sex	Female	Color or Race	Black	Occupation	Birth-place	2d
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	Scott M. King			Father's Birthplace	2d	
Mother's Maiden Name	Anna King			Mother's Birthplace	nd	
Name of person giving Information	Scott King			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Heart trouble	4 months	
Immediate	How long	
Heart trouble	79	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	E. A. Denslow
yes	Address	Wheatland
8		Md
Accident or Suicide?		



Margaret E. Leonard

Died at	Town	County			
	Salisbury	Nicomis	MARYLAND		
Date 19	Month Day	Y.	M.	D.	Native of
02	July 19	50	4	9	Nicomis
Male	Age	Married	Occupation		
Female	Colored	Single	Housekeeper		

Husband of	Andrew Leonard		
Father's Name	Cesar Dashfield	Mother's Maiden Name	Matilda Dashfield
Cause of Death	Primary: Migral degeneration Immediate: Cerebral hemorrhage	How long sick 2 weeks	
		Accident, Suicide, Homicide	

Reported by

J. M. P. Trich May 3
19 19 Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rosy Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
near Powellville		Wicomico	Years	Months	Days
Date of death 1902	Month 7	Day 29	Age	8	
Sex	Color or Race	white	Birth- place	near Powellville	
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information	Dr. S. T. Kendall M.D.			How related to deceased son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate Disentery How long

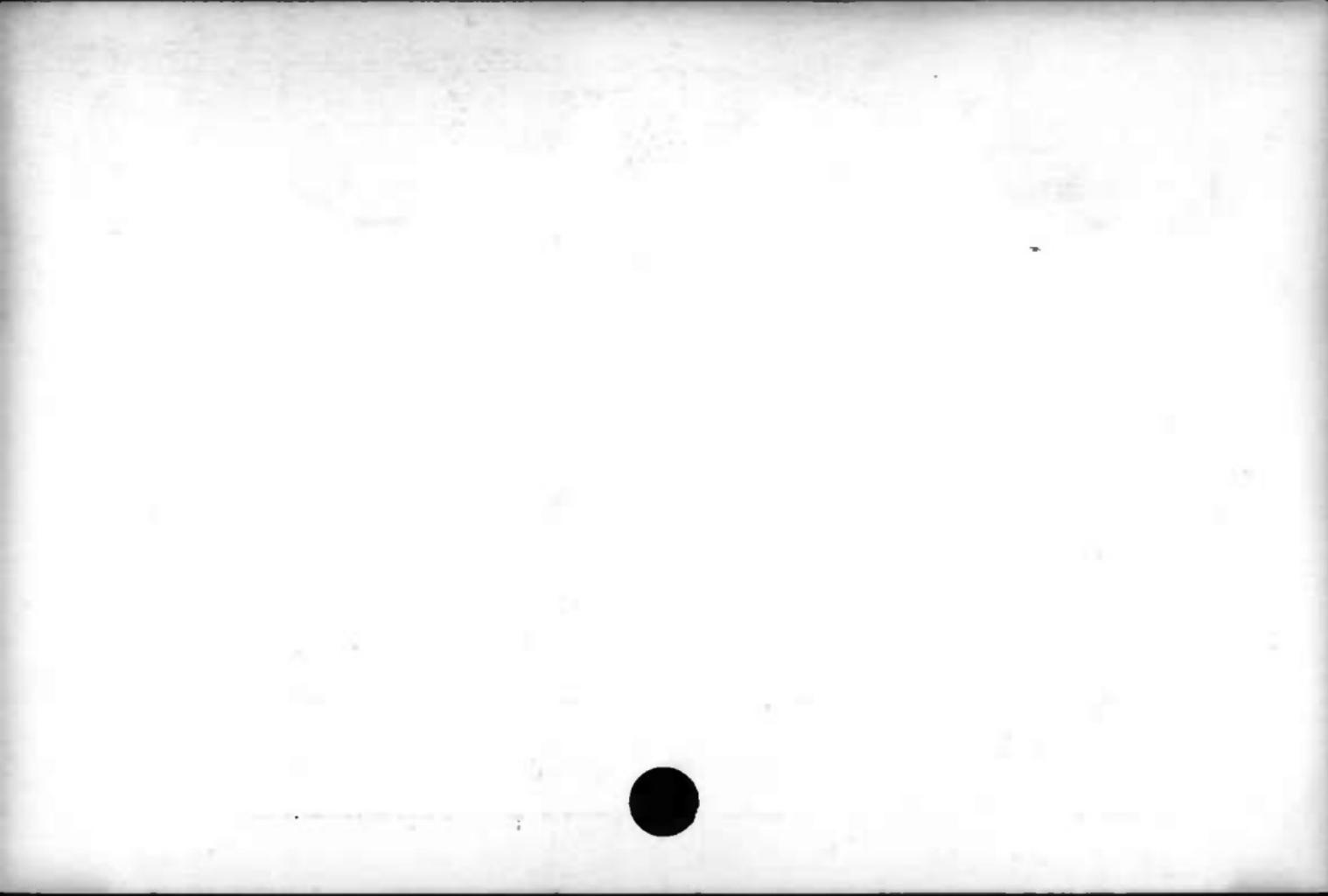
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J

Accident or Suicide?



Harrison McGrath

Town

Fruitland

County

Wicomico

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age 13-3-11
Married

Widow

Native of
Md.
Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

William McGrath

Mother's Maiden Name

Lodey Beauchamp

How long sick

Cause of

Primary

Death

Immediate

Drowning

1921

Accident, Suicide, Homicide

Reported by

Geo. B. Hill

Address

8

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





William Pollitt

Town

County

MARYLAND

Died at

Salisbury Wisconsin

Month Day

Y. M. D.

Native of

Date 19

02 July 8

Age 88

Occupation

Male

Married

Widow

Divorced

Female

Single

Widower

Number of children living

Husband of

Nancy Pollitt

Mother's

Wife

Moses Morris

Maiden Name

Don't know

Father's

Name

Cause of

Death

Primary

Immediate

Suppose old age

How long sick

2 months

Accident, Suicide, Homicide

Reported by

D C Holloway & Co Undertakers

Address

Salisbury

nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jas. B. Records

Town

Salisbury

County

Wicomico

MARYLAND

Died at

Month

Day

M.

D.

Native of

Date 1902

July 16

Age

38-

-

Delaware

Occupation

Merchant

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

3

Husband of

Willie Smith

Father's Name

Wm D. Records

Mother's

Maiden Name

Nancy H. Smith

Cause of

Primary

Tuberculosis

How long sick

Death

Immediate

Diphtheria

One year

~~Accident, Suicide, Homicide~~

Reported by

27

Gov. W. Todd

Salisbury Md

Address

8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Time
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>James Sneed</i>					CERTIFICATE OF DEATH		
Died at	Town	County			MARYLAND		
Parrellville	Wicomico						
Date of death 1902	Month 7	Day 10	Years 84	Age	Months	Days	
Sex Male	Color or Race	white	Occupation	Birth- place Delaware			
Married, Single or Widowed	Married As. Pensioner						
Name of Wife or Husband	Margaret W Sneed						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information	J.W. Greeny ch.d.			How related to deceased			

CAUSES OF DEATH

Primary	<i>General Debility</i>	How long <input checked="" type="checkbox"/>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>se</i>	Signature of Physician <i>J. W. Greeny</i>
		Address <i>Pittsville</i>
Accident or Suicide?		<i>no</i>

